

# Navigating the Updated Online Medi-Cal Hospice Attestation Form

Benefits Division

# Agenda

- » Welcome & Introductions
- » Quick Overview of Current Hospice Policy Requirements
- » Updates to the Online Hospice Program Attestation Form
- » Open Discussion / Q&A

# **Current Hospice Policy Requirements**



# Submission Process

## » Effective June 1, 2025:

- FFS members → Submit NOEs to DHCS only
- MC members → Submit NOEs directly to member's MCP

## » How to Determine Member Type:

- Verify eligibility on hospice election date
- Use available tools (Medi-Cal Eligibility Data System-MEDS)
- Check for retroactive MCP enrollment

## » Critical Requirements:

- Use DHCS 8052 form ONLY
- E-submission preferred over mail (reduces delays)
- Accuracy and completeness are essential

# Timely Submission Requirements

## » 5-Day Rule:

- Forms must be submitted within 5 business days of hospice election
- Applies to both FFS and MC submissions
- Late submissions result in payment delays/denials

## » 900 Code Activation:

- Form must be processed before 900 code activates

## » No Form = No 900 Code = No Payment

- Payment denied for days prior to form effective date if submitted late

# Operational Impact on Providers

## » Critical Action Items:

- Train staff to check eligibility and route NOEs correctly
- Build internal workflows for timely submission
- Verify submission goes to correct entity (DHCS vs MCP)

## » Payment Risks:

- Wrong entity submission = Payment delays/denials
- Untimely submissions = No reimbursement for prior days
- Non-compliant submissions = Claim rejections

# **Updated Online Medi-Cal Hospice Program Attestation Form**



# Key Updates to the Updated Online Medi-Cal Hospice Attestation Form

## » **New Name**

- The form is now called the "Medi-Cal Hospice Program Attestation Form."

## » **Provider Attestation**

- Hospice providers will confirm they obtained informed consent

## » **No Member Signature Required**

- Medi-Cal members or their legal representatives will no longer need to initial or sign the online form.

## » **DHCS Hospice Notice of Election Form (DHCS 8052)**

- Continue using the DHCS Hospice Notice of Election (NOE) Form (DHCS 8052)



# Key Differences Between the Two Forms

## **DHCS 8052 Form (Notice of Election)**

- Member signs to elect hospice services.
- Provider must keep in the member's medical record.

## **Online Medi-Cal Hospice Program Attestation Form**

- Provider submits to DHCS as official notification.
- Confirms informed consent was obtained using DHCS 8052.
- Required starting March 2026.

# Online Attestation Form Transition Timeline

## » Launch:

- Optional use of the form began in November

## » Transition Period:

- Both current paper form (DHCS 8052) and the new online form are accepted.
- This transition period is intended to help hospice providers adjust to the new online process.

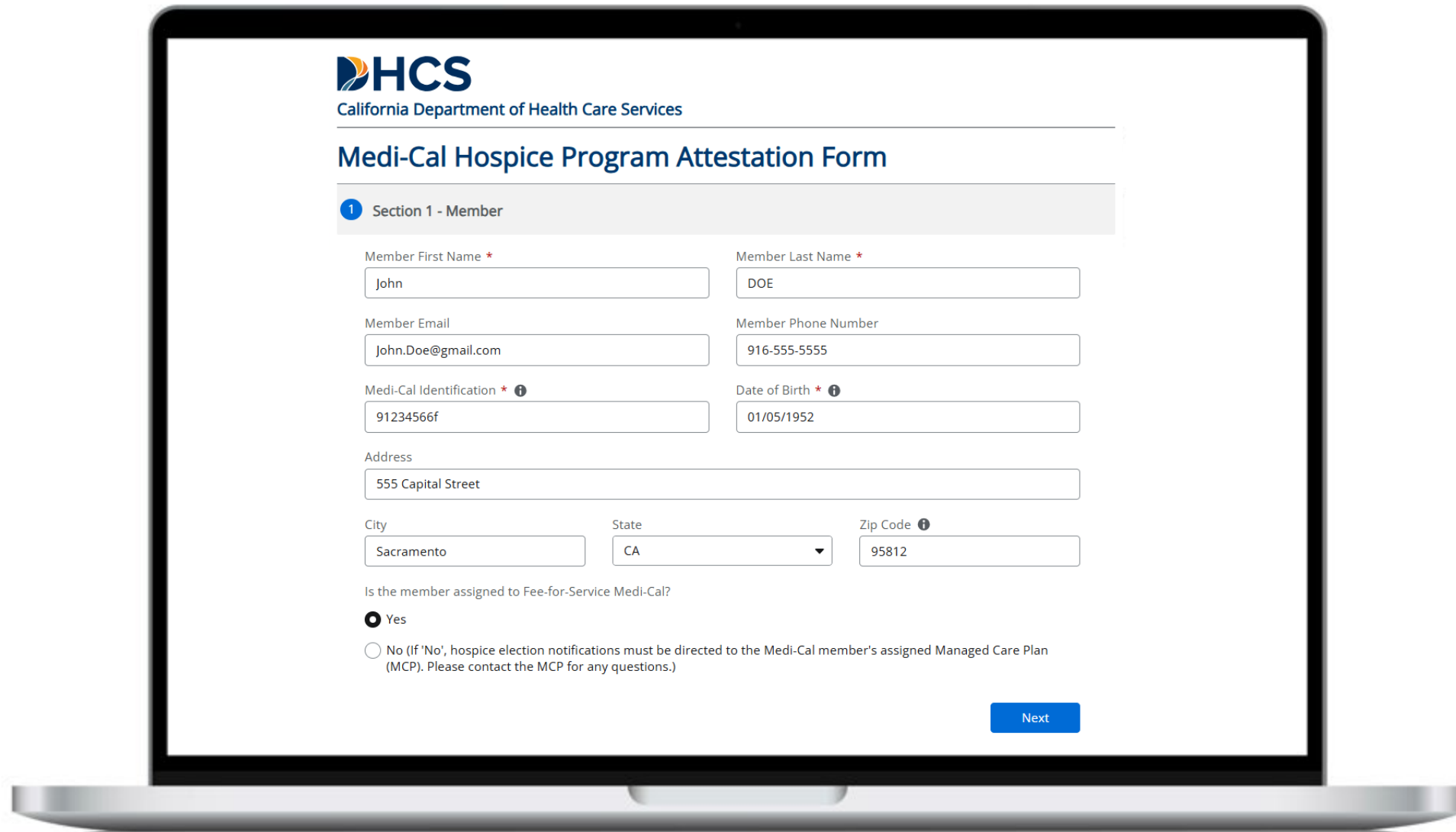
## » Post-Transition (Mandatory Use):

- Beginning in March, only online submissions will be accepted.
- Emailed or paper NOE FFS submissions will no longer be accepted or processed by DHCS.

# **Navigating the Updated Form: A Guided Section Review**



# Section 1



The image shows a laptop screen with a web form titled "Medi-Cal Hospice Program Attestation Form". The form is for "Section 1 - Member". It contains several input fields for member information: Member First Name (John), Member Last Name (DOE), Member Email (John.Doe@gmail.com), Member Phone Number (916-555-5555), Medi-Cal Identification (91234566f), Date of Birth (01/05/1952), Address (555 Capital Street), City (Sacramento), State (CA), and Zip Code (95812). There is also a question about whether the member is assigned to Fee-for-Service Medi-Cal, with "Yes" selected. A "Next" button is at the bottom right.

**DHCS**  
California Department of Health Care Services

## Medi-Cal Hospice Program Attestation Form

1 Section 1 - Member

Member First Name \*

Member Last Name \*

Member Email

Member Phone Number

Medi-Cal Identification \*

Date of Birth \*

Address

City

State

Zip Code

Is the member assigned to Fee-for-Service Medi-Cal?

☒ Yes

☐ No (If 'No', hospice election notifications must be directed to the Medi-Cal member's assigned Managed Care Plan (MCP). Please contact the MCP for any questions.)

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# Section 2

## 2 Section 2 - Hospice Agency

Hospice Agency Name \*

California Department of Public Health (CDPH) License Number \* ⓘ

Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN) \* ⓘ

National Provider Identifier (NPI) \* ⓘ

Hospice Agency Email \*

Hospice Agency Phone Number \*

Hospice Medical Director Name \*

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# Section 3

## 3 Section 3 - Certification of Hospice Provider

### Certification of Hospice Provider

Medi-Cal hospice providers are required to comply with Health and Safety Code (HSC) section 1746.50 and all other applicable state and federal requirements as well as Medi-Cal policy related to election and receipt of hospice services.

In accordance with HSC section 1746.50, informed consent for hospice services must be obtained and documented exclusively by qualified hospice personnel.

- Only licensed professionals employed by the hospice, such as registered nurses, licensed vocational nurses, medical social workers, chaplains, or counselors, are authorized to provide consultation, obtain informed consent, and complete the hospice election process.
- Please note that individuals who receive compensation or remuneration for hospice referrals or admissions are strictly prohibited from participating in the informed consent process.

By checking the box below, the hospice provider or other qualified hospice personnel (as outlined above) attests that the Medi-Cal member or their legal guardian/authorized representative has:

1. Received consultation on and fully understands the nature and scope of the Medi-Cal hospice services being elected;
2. Provided informed consent consistent with HSC section 1746.50;
3. Voluntarily elected to receive hospice services; and
4. Completed and signed the Medi-Cal Hospice Program Election Notice form (DHCS 8052), which will be maintained in the Medi-Cal member's medical record.

☐ Yes \*

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# Section 4

## 4 Section 4 - Confirmation of Terminal Illness

Using the information included on the Medi-Cal Hospice Program Election Notice form (DHCS 8052), the Medi-Cal hospice provider or other qualified hospice personnel (such as licensed nurses, social workers, or chaplains) must provide the following information:

Primary Terminal Diagnosis \* ⓘ

Secondary Diagnoses \* ⓘ

Narrative Justification for Hospice Admission \* ⓘ

Recipient is currently being admitted from a medical facility. \*

☐ Yes ☐ No

# Section 4- Continued

**DHCS**  
California Department of Health Care Services

Medi-Cal member is currently being admitted from their personal residence/home (or the home of their legal guardian/authorized representative). \*

☐ Yes ☐ No ☐ Other

Recipient is transferring from another Home Hospice Agency \*

☐ Yes ☐ No

Medi-Cal member and/or the legal guardian/authorized representative choice of attending physician. In accordance with federal hospice care regulations under Title 42, Chapter IV, Subchapter B, Part 418, Subpart B, the attending physician identified in this attestation was selected by the member and will be responsible for providing care throughout the hospice benefit period:

Attending Physician \*

NPI Number \* ⓘ

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# Section 5

**5 Section 5**

Services currently being provided to recipient by other Agencies:

Home Health Services  
☐ Yes ☐ No

Private Duty Nursing Services  
☐ Yes ☐ No

Personal Care Services  
☐ Yes ☐ No

Elected Hospice Provider Name

CDPH License Number ⓘ

NPI Number ⓘ

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# Section 6

## Hospice Provider Statement

I, (Name of Hospice Provider or Other Qualified Hospice Personnel) \_\_\_\_\_, for (Name of Hospice Agency) \_\_\_\_\_, understand that the hospice provider (or hospice agency) is responsible for the coordination of services to ensure that there is no duplication of services.

Name of Hospice Representative \*


Hospice Representative Title

Name of Hospice Agency \*

Name of Hospice Provider or Other Qualified Hospice Personnel \*

Title of Hospice Provider or Other Qualified Hospice Personnel

Signature \*

 Select to sign

Hospice Provider Signature

Date \* ⓘ

# Questions?

